

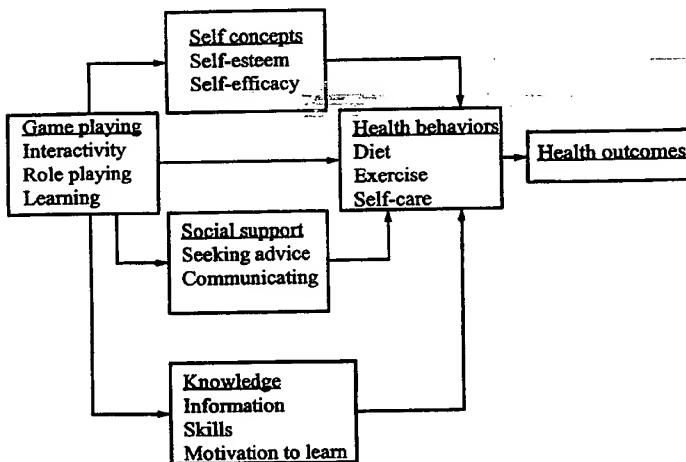


B2

INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(51) International Patent Classification 6: A63F 9/22, G06F 19/00, G09B 7/04	A1	(11) International Publication Number: WO 99/32201
		(43) International Publication Date: 1 July 1999 (01.07.99)
<p>(21) International Application Number: PCT/US98/27487</p> <p>(22) International Filing Date: 22 December 1998 (22.12.98)</p> <p>(30) Priority Data: 08/995,609 22 December 1997 (22.12.97) US</p> <p>(71) Applicant (<i>for all designated States except US</i>): HEALTH HERO NETWORK, INC. [US/US]; Suite 111, 2570 West El Camino Real, Mountain View, CA 94040 (US).</p> <p>(72) Inventor; and</p> <p>(75) Inventor/Applicant (<i>for US only</i>): BROWN, Stephen J. [US/US]; 3324 Woodside Road, Woodside, CA 94062 (US).</p> <p>(74) Agent: ALBOSZTA, Marek; 426 Lowell Avenue, Palo Alto, CA 94301 (US).</p>		
<p>(81) Designated States: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, ARIPO patent (GH, GM, KE, LS, MW, SD, SZ, UG, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG).</p> <p>Published <i>With international search report.</i> <i>Before the expiration of the time limit for amending the claims and to be republished in the event of the receipt of amendments.</i></p>		

(54) Title: MULTI-PLAYER INTERACTIVE ELECTRONIC GAME FOR HEALTH EDUCATION



(57) Abstract

A multi-player interactive electronic game for health education encourages inter-player communication about a health condition by correlating the player's progress. Each player manages the health of a game construct such as a game character or body region. Correlating the player's game progress is achieved through: common scoring; conditioning a player's passage to higher levels on the health management success of all players; and shared game resources, including game resources representing devices or supplies used in the care of the health condition. Applications include children's health education related to diseases such as diabetes and asthma, as well as health habits such as dental hygiene, and tobacco, alcohol and drug use.

FOR THE PURPOSES OF INFORMATION ONLY

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AL	Albania	ES	Spain	LS	Lesotho	SI	Slovenia
AM	Armenia	FI	Finland	LT	Lithuania	SK	Slovakia
AT	Austria	FR	France	LU	Luxembourg	SN	Senegal
AU	Australia	GA	Gabon	LV	Latvia	SZ	Swaziland
AZ	Azerbaijan	GB	United Kingdom	MC	Monaco	TD	Chad
BA	Bosnia and Herzegovina	GE	Georgia	MD	Republic of Moldova	TG	Togo
BB	Barbados	GH	Ghana	MG	Madagascar	TJ	Tajikistan
BE	Belgium	GN	Guinea	MK	The former Yugoslav Republic of Macedonia	TM	Turkmenistan
BF	Burkina Faso	GR	Greece	ML	Mali	TR	Turkey
BG	Bulgaria	HU	Hungary	MN	Mongolia	TT	Trinidad and Tobago
BJ	Benin	IE	Ireland	MR	Mauritania	UA	Ukraine
BR	Brazil	IL	Israel	MW	Malawi	UG	Uganda
BY	Belarus	IS	Iceland	MX	Mexico	US	United States of America
CA	Canada	IT	Italy	NE	Niger	UZ	Uzbekistan
CF	Central African Republic	JP	Japan	NL	Netherlands	VN	Viet Nam
CG	Congo	KE	Kenya	NO	Norway	VU	Yugoslavia
CH	Switzerland	KG	Kyrgyzstan	NZ	New Zealand	ZW	Zimbabwe
CI	Côte d'Ivoire	KP	Democratic People's Republic of Korea	PL	Poland		
CM	Cameroon	KR	Republic of Korea	PT	Portugal		
CN	China	KZ	Kazakhstan	RO	Romania		
CU	Cuba	LC	Saint Lucia	RU	Russian Federation		
CZ	Czech Republic	LJ	Liechtenstein	SD	Sudan		
DE	Germany	LK	Sri Lanka	SE	Sweden		
DK	Denmark	LR	Liberia	SG	Singapore		
EE	Estonia						

5

**MULTI-PLAYER INTERACTIVE ELECTRONIC GAME
FOR HEALTH EDUCATION**

10

RELATED APPLICATION INFORMATION

This application claims priority from the co-pending U.S. application Ser. No. 08/995,609 filed December 22, 1997 that is a continuation in part of the U.S. application which is hereby incorporated by reference.

TECHNICAL FIELD OF THE INVENTION

The present invention relates to the field of children's health education, and in particular to a method of health education using an interactive multi-player interactive electronic game.

BACKGROUND OF THE INVENTION

In the treatment and prevention of chronic medical conditions, it is often very important to instill in the patient healthy habits that the patient will maintain over the long term. Also, the patient needs to be informed about his or her condition. Moreover, it is often useful for the patient to have social interactions and discussion about health and self-care. Thus,

three major goals of health education are: habit formation, communication of knowledge, and provision of social support.

Traditional methods of health education include classroom instruction, showing films, and providing pamphlets to patients. While these methods may provide a large amount of didactic content, they are not especially well suited for habit formation and for providing social support.

10 **OBJECTS AND ADVANTAGES OF THE INVENTION**

Interactive electronic games offer some unique advantages over conventional methods of health education for young people. Electronic game playing is highly appealing to children and adolescents. About 70% of U.S. homes with children have electronic game systems, and children who own them spend an average of 1.5 hours playing interactive electronic games each day. Although conventional video game systems are still used, personal computers are capable of running increasingly sophisticated interactive games and have thus become a popular alternative to other electronic game systems. With computer and game systems connected to a communications network, the distance between players becomes irrelevant as players can engage in games and interact with each other remotely. Moreover, electronic games have interactive capabilities that lend themselves well to experiential learning. While pamphlets, films, or traditional classroom instruction may provide more didactic content, a compelling interactive electronic game can expose children to essential content repeatedly, as many children will typically play a game they like for at least a month or two and for dozens of

hours. Also, playing electronic games with others can encourage children to talk about health topics and can serve as springboards for discussion with friends, family and health care providers about sensitive topics.

5

For example, children with diabetes who reported great difficulty in talking to peers about their disease had no difficulty in playing diabetes-related electronic games with their peers. In fact, diabetic children eagerly shared their knowledge and thoughts about diabetes with other children, often for the first time, while playing a diabetes-related game of the present invention. Interplayer communication helps provide social support related to the health condition under treatment.

15 Thus, it is a primary object of this invention to provide a method that facilitates social interaction and discussion about health and self-care. It is another object of this invention to provide a method of health education that is particularly suited to habit formation in young people. These and ~~other~~ objects and advantages will become more apparent after consideration of the 20 ensuing description and the accompanying drawings.

SUMMARY OF THE INVENTION

25 The objects and advantages of the invention are achieved with a method of health education using a multi-player interactive electronic game. The method induces cooperation and discussion between the game players by correlating the players' progress toward achieving their game objectives. The correlation of the 30 players' progress can be achieved through the use of common

resources by the players; in particular, in embodiments of the current invention, improper health behavior by a player negatively affects some of the common resources. The correlation can also be achieved by assigning the players to defend from disease a game 5 domain, such as a region of the body. The correlation can also be achieved through the use of a scoring system based on the Prisoner's Dilemma.

BRIEF DESCRIPTION OF THE DRAWINGS

10

Fig. 1 shows schematically the mediating factors that are used to influence health behavior in the method of the current invention.

15

Fig. 2-A is a flowchart diagram showing the relationship between players' goals and scores in a typical electronic game.

Fig. 2-B is a flowchart diagram showing the relationship between players' goals and scores in an electronic game of this invention.

20

Fig. 3 is a flowchart for *Packy and Marlon*®, an embodiment of the present invention.

Fig. 4 shows a flowchart including the main loop for *Bronkie the Bronchiasaurus*®, another embodiment of the present invention.

25

Fig. 5-A shows a simplified flowchart of a level loop for *Bronkie the Bronchiasaurus*®.

Fig. 5-B shows a flowchart of the self-management loop for *Bronkie the Bronchiasaurus*®.

Fig. 6 shows a payoff matrix for a two player Prisoner's Dilemma.

Fig. 7-A shows an embodiment of the system in an Internet-connected computer approach.

Fig. 7-B shows an embodiment of the system in a network-connected terminal approach.

5 Fig. 7-C shows an embodiment of the system in a directly-connected computer approach.

DESCRIPTION

10 The present description discloses the educational goals and design strategies that are incorporated into the *Health Hero®* video game series, and in particular into the games *Packy* and *Marlon®* and *Bronkie the Bronchiasaurus®*.

15 Fig. 1 shows schematically the mediating factors that are used to influence health behavior in the *Health Hero®* video game series. The games use self-concepts, social support, and knowledge as mediating factors for influencing health behaviors and outcomes.

20 The present invention focuses on the use of social support to affect health behavior. Details on the use of the other mediating factors can be found in U.S. Patent No. 5,678,571, filed May 23, 1994.

25 A health oriented interactive electronic game has the potential to stimulate discussion with friends, family and clinicians about a health issue; help children to talk about their own condition with others when they otherwise might try to hide it; and encourage them to seek support and advice. Moreover, an

interactive electronic game can motivate children to learn and enhance their attitudes about learning. The motivational aspects of electronic games are valuable for health education because children are not always interested in learning about self care.

5

Cooperation and discussion between game players is enhanced if the outcomes of the player's actions are correlated. Fig. 2-A and 2-B show flowchart diagrams for a typical electronic game and for an electronic game in which a player's performance depends on other players' actions. In a competitive multi-player game the players are not encouraged to communicate, since their performance in the game depends largely on their own abilities. In a game where the performances of the players are correlated, the players are more likely to communicate.

15

Packy and Marlon®, a Super Nintendo video game for ages 8 to 15, features two elephant pals and their escapades at diabetes summer camp. The game helps players learn about diabetes self-care and how to deal with social situations that often confront young people with diabetes. The game objective for the two elephant buddies is to save the diabetes summer camp Wa-kee from bands of pesky rats and mice that have attacked the camp, scattered food all over the campground, and hidden the diabetes supplies. To attain the game objective, the two buddies also have to attain a health-related goal: they must manage their diabetes carefully along the way, making sure they eat properly and take correct insulin amounts.

The elephants' adventure takes four game days, each day reflecting a typical diabetes meal plan from breakfast to bedtime

snack. Each game day is divided into seven levels, each level corresponding to a meal or snack. The players must choose an insulin plan (fixed or variable dose, two or four shots per day); frequently monitor and respond to changes in blood glucose levels; 5 select the correct dose and then take insulin; review meal plans and a Food Chart to select foods to eat; learn how to vary meal plans with food exchanges; review a Logbook; and learn basics of diabetes self-care and how to handle typical social situations.

10 A simplified flow chart for *Packy and Marlon®* is shown in Fig. 3. Players must check their elephants' blood glucose level before each level, i.e. seven times in a game day. The elephants' blood glucose level is affected by what they eat and by how much insulin they take. Players earn points for keeping the elephants' 15 blood glucose within a normal zone. The more times in a row they keep the blood glucose level within the normal zone, the bigger the bonus. At the beginning of each adventure level is a menu of foods for Packy and Marlon's next meal or snack. Players review the menu ~~to know~~ what foods to select or food exchanges to 20 substitute in the upcoming level. Players can choose foods from all food groups: bread, fruit, meat, milk, vegetable and fat.

A color coded information bar at the top of the screen tells 25 players how many foods they have selected within each food group and whether they have eaten the right amount. A yellow number shows players that they can select more foods in that food group. A green number means they have selected just the right amount of food. A red number warns players that they have selected too many foods. To help players make smart food choices, players can pull

up, at any time, a Food Chart listing the food groups for each food that appears in the game.

In order to monitor how well they've managed Packy and Marlon's diabetes, players can review at any time a Logbook showing a record of the elephants' blood glucose levels, amount of insulin taken, and the number of foods that were eaten from each food group. The Logbook presents the same kinds of information that children with diabetes are often asked to record each day in a notebook for their doctor to review during routine visits.

The game provides challenging questions about diabetes in each adventure level. The questions pop up when the elephants bump into friendly characters along their way. Players earn points for answering questions correctly and every time they answer three questions correctly they win an extra life.

To win *Packy and Marlon®* it's not enough for players to demonstrate superior game play such as finding the diabetes supply; taking advantage of power-ups and pick-ups; finding their way in each adventure level; avoiding obstacles like a spike, crab or cactus; fending off mice; and defeating the ultimate boss. Players must also carefully manage Packy and Marlon's diabetes by helping the heroes monitor their blood glucose, take the right amount of insulin, and eat a healthy and balanced diet along the way. Thus, *Packy and Marlon®* helps children learn about diabetes by incorporating in the game information about the condition. The game also helps the children develop proper habits for the management of their condition, such as eating properly, taking correct amounts of insulin, and keeping a Logbook. Moreover, the

game also encourages social interaction and communication between the two children playing the game by correlating their performance in the game.

5 The correlation between the performances of the two partners is achieved in several ways. Firstly, the screen is centered around one of the elephants; therefore, the other elephant has to stay relatively close to the first elephant. Secondly, the two elephants have to use common resources such as food and first aid 10 kits. If one of the elephants eats too much food, not only will his blood glucose level become too high, but the other elephant will not find enough to eat and consequently have a low level of blood glucose. So, improper health behavior, such as eating too much, by one of the players negatively affects the common resource 15 (food). Moreover, if any one of the elephants has a very low or very high blood sugar level at the end of a level, both elephants have to repeat the level.

20 ~~It~~ is clear that in order to correlate the progress of the two players in the game, one can use interrelated resources rather than common resources. For example, one can conceive of a game where if a player used too much water, he or she might kill the plants the other player eats, which in turn may affect the first player's water supply.

25

Another game in the *Health Hero®* series is *Bronkie the Bronchiasaurus®*, a game teaching asthma self-management to children ages 7 to 15. A flow chart including the main loop of the game is shown in Fig. 4, while a flow chart including a level 30 loop is shown in Fig. 5-A. In the game, the two dinosaurs Bronkie

the Bronchiasaurus and Trakie the Tracheratops must find the parts of machine that clears dust from the air, and put the machine together. Along the way, the two dinosaurs have to avoid the many asthma triggers they encounter and make sure their peak flow stays 5 high. Only if their peak flow is high can the dinosaurs use their strongest defense--the breath blast. On their adventure, players learn about: taking daily medication; using an inhaler and spacer; avoiding asthma triggers; monitoring and responding to changes in peak flow; using a sick day plan appropriately; reviewing an 10 Asthma Record; and basics of asthma care.

At the beginning of each adventure level, Bronkie and Trakie take their daily asthma medicine and show players how to use an inhaler and spacer correctly. Players also see information about 15 asthma care to help them answer questions that appear in the upcoming adventure level. Asthma questions pop up when Bronkie or Trakie bump into one of the Helper characters. Players who answer a question correctly receive assistance with navigation, such as ~~they~~ ride over a deep chasm, or receive a machine piece that is 20 essential to win the game. Players who answer a question incorrectly must find the Knowallosaur Hazel, who gives them the information they need to come up with the right answer next time.

The biggest challenge in the game is to stay away from the 25 many asthma triggers that surprise the dinosaurs along the way. Players must make sure that Bronkie and Trakie do not bump into anything that will lower their peak flow, including the ubiquitous Sneezers who spray virus-laden sneeze droplets that make the dinosaurs catch a cold. Stoplights at the top of the screen show 30 the current peak flow for each dinosaur. A green light signals

that peak flow is fine, yellow indicates that peak flow has dropped a few notches and emergency medication is advised, and red means peak flow is so low that Bronkie or Trakie must use emergency medication or call for help. As peak flow goes down,
5 the dinosaurs start to cough and the picture gradually darkens until it is impossible for players to see the game.

To manage the dinosaurs' asthma, players can pull up the Asthma Management screen and choose among several options: test peak flow, use an emergency inhaler, follow the sick day plan, or
10 call for help; a player can call for help only if peak flow is in the red zone. A flow-chart of the asthma self-management loop of the game is shown in Fig. 5-B. The game keeps track of all the choices the players have made and displays them in the Asthma Record that appears at the end of each adventure level.

15

Players earn points for making appropriate asthma management decisions and answering questions about asthma properly. To receive a special bonus, players must manage Bronkie or Trakie's asthma perfectly by avoiding all asthma triggers, keeping peak
20 flow constantly in the green zone, and answering asthma questions correctly the first time.

Like Packy and Marlon®, Bronkie the Bronchiasaurus® is at the same time a tool for learning, habit formation and for
25 facilitating social interaction and discussion about health issues. The performances of the two players are correlated through the link between their health and the brightness of the game image. For example, if one player fails to avoid allergens or to take medication, the screen becomes darker for all players

involved. The other player's performance in the game is evidently affected by the brightness of the screen.

Another embodiment of the present invention in which the 5 actions of the game players are correlated is a game in which the two players defend a game domain such a region of the body from disease or from a disease factor. In such a game, the game domain can be a human mouth or a region of the mouth, and the disease factor can be plaque or cavities.

10

Setting a common goal, such as maintaining good health, is a particular way of correlating the outcomes of two players' actions in order to encourage cooperation and communication between the players. Another unique way of correlating the outcomes of the 15 actions of two or more players is based on what is generally known as the Prisoner's Dilemma.

In the classic version of Prisoner's Dilemma, a player makes a choice between two options, which can be called "cooperation" and "betrayal. The outcome of a player's choice depends on the choices made by the other players. The first player does not have any information about the choices made by other players. Fig. 6 shows the dependence of outcomes on choices for a two-player Prisoner's Dilemma, where the outcomes are measured as scores. More 20 generally, the outcomes are rewards; a reward can be, among others, a score, or additional time to play the game, or a power-up that facilitates progress in the game. The paradox of the dilemma is that for a single round, it is *a priori* more advantageous for player 1 to choose the second option (betray), 25 regardless of the choice made by player 2. However, over the long

term the two players achieve the highest total score if they both choose the first option (cooperate), assuming $A+B < 2X$, where A and B and X are the rewards shown in Fig. 6. If both players cooperate, they each get an amount X; if both betray, they each 5 get Y, $Y < X$; and if player 1 cooperates but player 2 betrays, player 1 gets B, $B < X$, while player 2 gets A, $A > X$. If $A+B < 2X$, then the total of the two players' scores is highest when they both cooperate. In a simple embodiment, one can choose $X=1$, $Y=B=0$, and 10 A to be a number between 1 and 2, e.g. $A=1.5$; the higher the value of A, the larger the reward for betrayal. Another 15 possibility is, for example, $X=3$, $B=0$, $Y=1$ and $A=5$.

The classic description of the Prisoner's Dilemma, as presented above, explicitly and directly correlates the outcome of 15 a choice made by player 1 with the corresponding choice made by player 2. A less direct way of correlating the outcomes of the choices made by the two players is through the use of a common game resource, such as the time available to the players to play the game. The reward R_Q obtained by a player Q depends on the 20 common game resource. A payoff matrix is not particularly well suited for the description of such a model; instead, the model can be described through the effect of the choice made by player Q on the common game resource. Player Q makes a choice between a team-oriented option and a self-oriented option. The total reward 25 R_t , i.e. the sum of the rewards of the two players, is at least as large if player Q chooses the team-oriented option as it is if player Q chooses the self-oriented option. At the same time, the share $S=R_Q/R_t$ of the total reward received by player Q is at least as large if player Q chooses the self-oriented option as it is if 30 player Q chooses the team-oriented option. For two players, the

above description is equivalent to the description based on the payoff matrix shown in Fig. 4, with $A+B < 2X$.

An example of a health education game based on the Prisoner's Dilemma is one in which two or more players are assigned to defend a game domain from disease. In such an embodiment, two players try to remove plaque from a human heart. A player gets points based solely on the amount, and not the type, of plaque that he or she removes; however, older plaque is harder to remove than newer plaque. So over the short term, it is more advantageous for a player to focus on removing new plaque. However, accumulation of old plaque causes vital arteries or veins to close, which in turn leads to a heart attack. So a player focusing on removing old plaque will prolong the life of the heart, but will get less points than a player focusing on the removal of new plaque. Other similar games include games in which players remove smoking-caused precancerous cells from the respiratory system, or plaque or cavities from a human mouth.

There are many ways to generalize the Prisoner's Dilemma to more than two players. An element of such a generalization is that given a predetermined set of choices made by all players but a player Q from a set of P players, the score of player Q is at least as high if player Q chooses the second option (betrayal) as if player Q chooses the first option (cooperation). A second element is that for a given choice made by player Q, the score of player Q will have a highest value A if all players other than Q choose the first option, and the score of player Q will be lower than A if at least some of the players other than player Q choose the second option. The essential point is that, for a given set

of choices made by all players other than Q, if player Q chooses the second option the score of player Q will be higher and the other players' scores will be lower than if player Q had chosen the first option; that is, a player choosing the second option 5 increases his or her score at the expense of the other players.

One of the many ways to implement a multi-player Prisoner's Dilemma game is to assign a factor $b > 1$ for betrayal (second option) and a factor $c < 1$ for cooperation (first option). Then the 10 score of a player Q from a set of P players can be chosen to be: X if all players cooperate; Xb if only player Q betrays; Xc^n if player Q cooperates but n other players betray; and Xbc^n if player Q betrays and n other players betray.

15 A similar way to implement a Prisoner's Dilemma game is to assign to betrayal a probability T that all scores for that round will be zero. In such an arrangement, a player choosing the second option (betrayal) will increase his or her score by a factor $b > 1$ if the round is not voided, but at the same time will 20 increase by T the probability that the round is voided. T can be chosen to be $1/P$ for example, where P is the number of players.

Another particular way to implement the Prisoner's Dilemma for multiple players is to add the scores obtained by a player Q 25 against each of the other players according to the payoff matrix shown in Fig. 4. That is, the multi-player game is treated as a sum of two-player games between all possible combinations of players.

Three possible embodiments of the system are illustrated in Figs. 7-A, 7-B, and 7-C. In each embodiment, game players are constantly aware of the other player's actions and the current status of common resources. A key element of each system is that the set of game progress data is updated according to each player's actions, the set being shared by all players involved. Thus, even if the personal game objective for each player differs, sharing and cooperation between players are inherent to success. In an Internet-connected approach, shown in Fig. 7-A, the game software 104 runs on each player's computer 100. Player's computers 100 are connected to a network server 102 via a global Internet system 108. Within network server 102 is a database 106 which stores updated game progress data. Fig. 7-B describes a network-connected terminal approach in which game software 104 and database 106 are both housed at a network server 102. Players access the game through terminals 110 which are connected via an electronic communications network 112 to network server 102. In Fig. 7-C, a direct-connection approach for two or more computers is shown. In this embodiment, each player's computer 100 runs game software 104 and houses database 106 for storing game progress data. Each player is aware of the game actions of other player(s) through data synchronization via an electronic communications connection, such as a direct modem connection 114.

SUMMARY, RAMIFICATIONS, AND SCOPE

It is clear that there are many ways to induce cooperation and discussion between players by correlating the players' progress in the game. Correlating the players' progress can be achieved through the use of common resources by the players, or

through the use of a scoring system based on the Prisoner's Dilemma, among other methods. A score is merely a convenient example of a reward; other rewards can be used instead or in combination with a score in a method of the present invention.

5 The invention provides real-time interactive electronic game playing in which players can interact at any distance, in the same room or across the world through a network connection. A method of the present invention can be used for health education about a wide range of diseases and habits, such as cystic fibrosis, AIDS,

10 sickle cell anemia, enuresis, cancer, proper nutrition, tobacco use, drug use, and alcohol use. Therefore, the scope of the invention should be determined, not by the examples given, but by the appended claims and their legal equivalents.

1

CLAIMS

2 I claim:

1. A method using a multi-player interactive electronic game using an electronic communications network, comprising the steps of:
 - a) setting a first electronic game objective for a first player, and a second electronic game objective for a second player, said first objective comprising a first health-management game goal for said health condition, said second objective comprising a second health-management game goal for said health condition;
 - b) encouraging communication between said first player and said second player about said health condition by correlating a progress of said first player toward attaining said first objective with a progress of said second player toward attaining said second objective by sharing common game resource data which is saved in one or more of a database, whereby health education and encouraging interpersonal communication about a health condition are provided.
2. The method of claim 1 wherein electronic game software runs on a network server.
- 25 3. The method of claim 1 wherein electronic game software runs on one or more of first player's computer and second player's computer.
4. The method of claim 1 wherein said common game resource data is influenced by game actions performed by each of said first player and said second player.
- 30 5. The method of claim 1 further comprising the step of substantially continuously updating said common game resource data on a network server.
- 35 6. The method of claim 1 further comprising the step of substantially continuously updating said common game resource data on one or more of a first player's

computer and a second player's computer wherein said sharing is achieved via data synchronization between said databases via said electronic communications network.

5

7. The method of claim 1 wherein said electronic communications network is the internet.
8. The method of claim 1 wherein said electronic communications network is a direct electronic connection.
9. The method of claim 1 wherein said health condition comprises diabetes.
10. The method of claim 1 wherein said health condition comprises asthma.
11. The method of claim 1 wherein said health condition is selected from cystic fibrosis, AIDS, sickle cell anemia, enuresis, and cancer.
12. The method of claim 1 wherein said health condition is selected from dental disease and decay, eating disorders, improper nutrition, tobacco use, drug use, and alcohol use.
13. The method of claim 1 wherein:
 - a) said first health-management goal comprises managing a health of a first game character subject to said health condition; and
 - b) said second health-management goal comprises managing a health of a second game character subject to said health condition.
14. The method of claim 13 wherein:
 - a) said health condition comprises diabetes; and
 - b) said first health-management goal is selected from a group of ensuring

that said first game character takes appropriate insulin doses, and ensuring that said first game character eats appropriate amounts of food, for maintaining a blood glucose level of said first game character in a desired range.

- 5

15. The method of claim 13 wherein:

 - said health condition comprises asthma; and
 - said first health-management goal is selected from a group of ensuring that said first game character avoids allergens, and ensuring that said first game character takes appropriate asthma medications, for maintaining a peak flow of said first game character in a desired range.

16. The method of claim 13 wherein said first health-management goal comprises controlling said character to respond to game challenges representative of said health condition.

The method of claim 1 wherein said first health-management goal comprises managing a health of a game region affected by said health condition.

The method of claim 17 wherein said game body region is selected from mouth and cardiovascular regions.

The method of claim 1 further comprising a step of asking said first player a question related to said health condition, wherein correctly answering said question by said first player advances said progress of said first player.

The method of claim 1 comprising achieving said goal relating by making said progress of said first player.

player and said progress of said second player depend on a set of common game resources.

- 5 21. The method of claim 20 wherein said set of common game resources comprises a resource used in a care of said health condition.
- 10 22. The method of claim 20 wherein said resource comprises a medical device used in a care of a condition selected from diabetes and asthma.
- 15 23. The method of claim 1 comprising achieving said correlating by setting equal a score of said first player to a score of said second player.
- 20 24. The method of claim 1 comprising achieving said correlating by conditioning a passage by said first player to a higher game level on proper game health behavior by said second player.
- 25 25. The method of claim 1 comprising achieving said correlating by rewarding said first player and said second player according to a Prisoner's Dilemma reward system.
- 30 26. A multi-player interactive electronic game system for providing health education and encouraging interplayer communication about a health condition, comprising:
a) means for setting a first electronic game objective for a first player, and a second electronic game objective for a second player, said first objective comprising a first health-management goal for said health condition, said second objective comprising a second health-management goal for said health condition;
- 35 b) data storage means for saving common game resource data for each of said first player and said second player;
- c) means for substantially continuously updating common game resource data;
- d) means for sharing common game resource data in real time via an electronic communications network; and

- e) means for correlating a progress of said first player toward attaining said first objective with a progress of said second player toward attaining said second objective,
5 for encouraging communication between said first player and said second player about said health condition.
27. The system of claim 26 wherein video game software runs on a server.
10
28. The system of claim 26 wherein video game software runs on one or more of first player's computer and second player's computer.
15
29. The system of claim 26 wherein said data storage means is on a server.
20
30. The system of claim 26 wherein said data storage means is on one or more of first player's computer and second player's computer wherein said sharing is achieved via data synchronization via said electronic communications network.
25
31. The system of claim 26 wherein said common game resource data is influenced by game actions of each of said first player and said second player.
30
32. The system of claim 26 wherein said electronic communications network is the internet.
35
33. The system of claim 26 wherein said electronic communications network is a direct electronic connection.
40
34. The system of claim 26 wherein said health condition comprises diabetes.
35. The system of claim 26 wherein said health condition comprises asthma.

36. The system of claim 26 wherein said health condition is selected from cystic fibrosis, AIDS, sickle cell anemia, enuresis, and cancer.
- 5 37. The system of claim 26 wherein said health condition is selected from dental disease and decay, eating disorders, improper nutrition, tobacco use, drug use and alcohol use.
- 10 38. The system of claim 26 further comprising:
- 15 a) means for allowing said first player to manage a health of a first game character subject to said health condition; and
- 15 b) means for allowing said second player to manage a health of a second game character subject to said health condition.
- 25 39. The system of claim 38 wherein:
- 20 a) said health condition comprises diabetes; and
- 20 b) said first health-management goal is selected from a group of ensuring that said first game character takes appropriate insulin doses, and ensuring that said first game character eats appropriate amounts of food, for maintaining a blood glucose level of said ~~first~~ game character in a desired range.
- 30 40. The system of claim 38 wherein:
- 30 a) said health condition comprises asthma; and
- 35 b) said first health-management goal is selected from a group of ensuring that said first game character avoids allergens, and ensuring that said first game character takes appropriate asthma medications, for maintaining a peak flow of said first game character in a desired range.
- 35 41. The system of claim 38 wherein said first health-management goal comprises controlling said

character to respond to game challenges
representative of said health condition.

42. The system of claim 26 wherein said first health-management goal comprises managing a health of a game body region affected by said health condition.
43. The system of claim 42 wherein said game body region is selected from mouth and cardiovascular regions.
44. The system of claim 26 further comprising means for asking said first player a question related to said health condition, wherein correctly answering said question by said first player advances said progress of said first player.
45. The system of claim 26 wherein said means for correlating said progress of said first player comprises means for making said progress of said first player and said progress of said second player depend on a set of common game resources.
46. The system of claim 45 wherein said set of common game resources comprises a resource used in a care of said health condition.
47. The system of claim 45 wherein said resource comprises a medical device used in a care of a condition selected from diabetes and asthma.
48. The system of claim 26 wherein said means for correlating said progress of said first player comprises means for setting equal a score of said first player to a score of said second player.
49. The system of claim 26 wherein said means for correlating said progress of said first player comprises means for conditioning a passage by said first

player to a higher game level on proper game health behavior by said second player.

50. The system of claim 26 wherein said means for correlating said progress of said first player comprises means for rewarding said first player and said second player according to a Prisoner's Dilemma reward system.

1/5

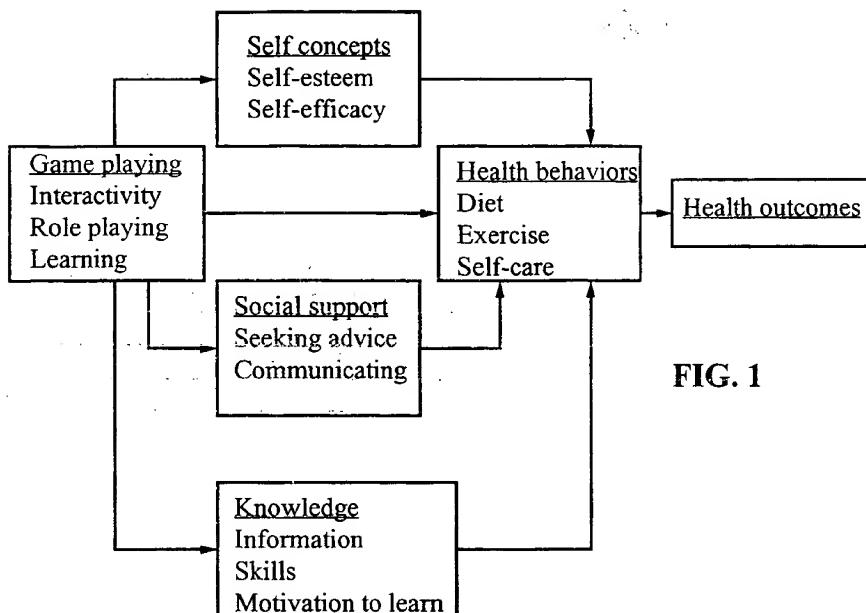


FIG. 1

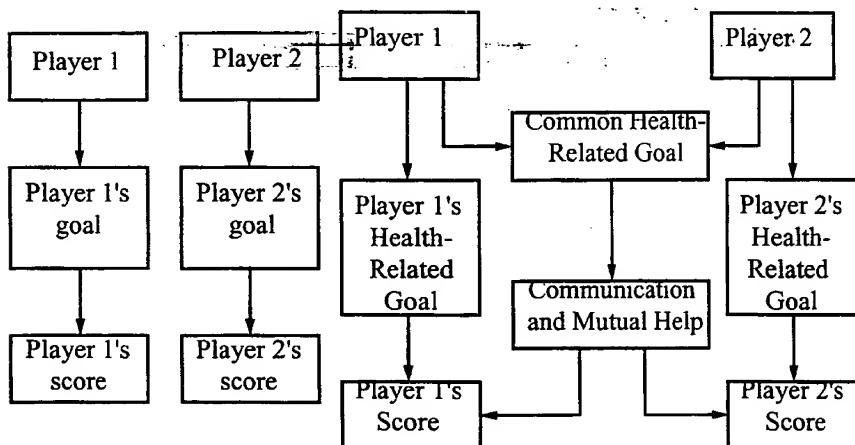
FIG. 2-A
PRIOR ART

FIG. 2-B

2/5

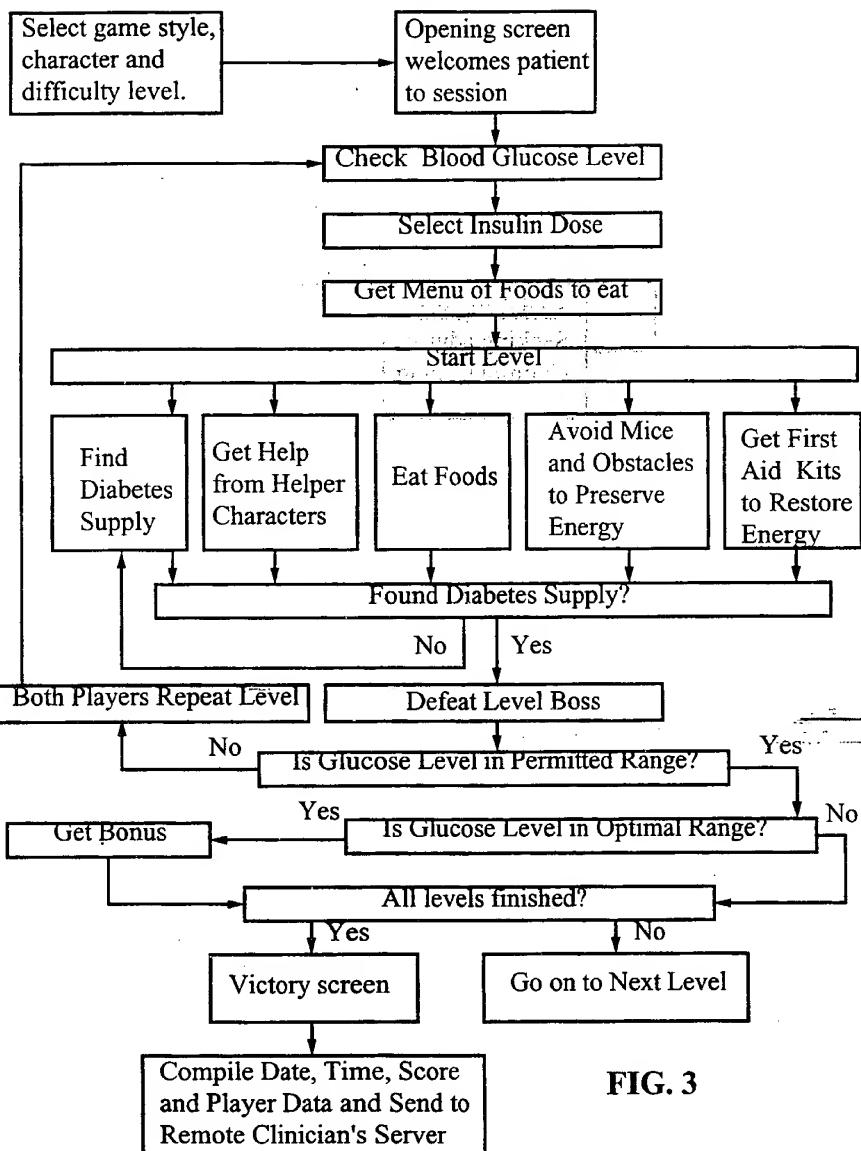


FIG. 3

3/5

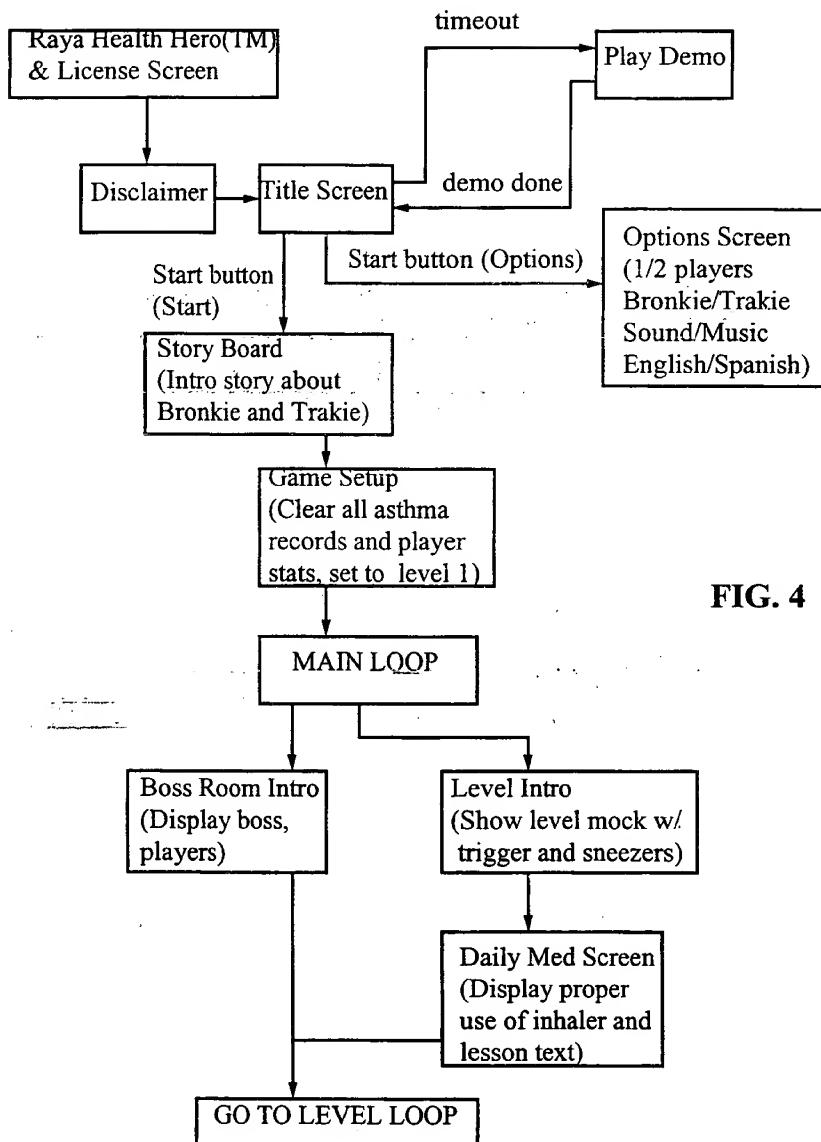


FIG. 4

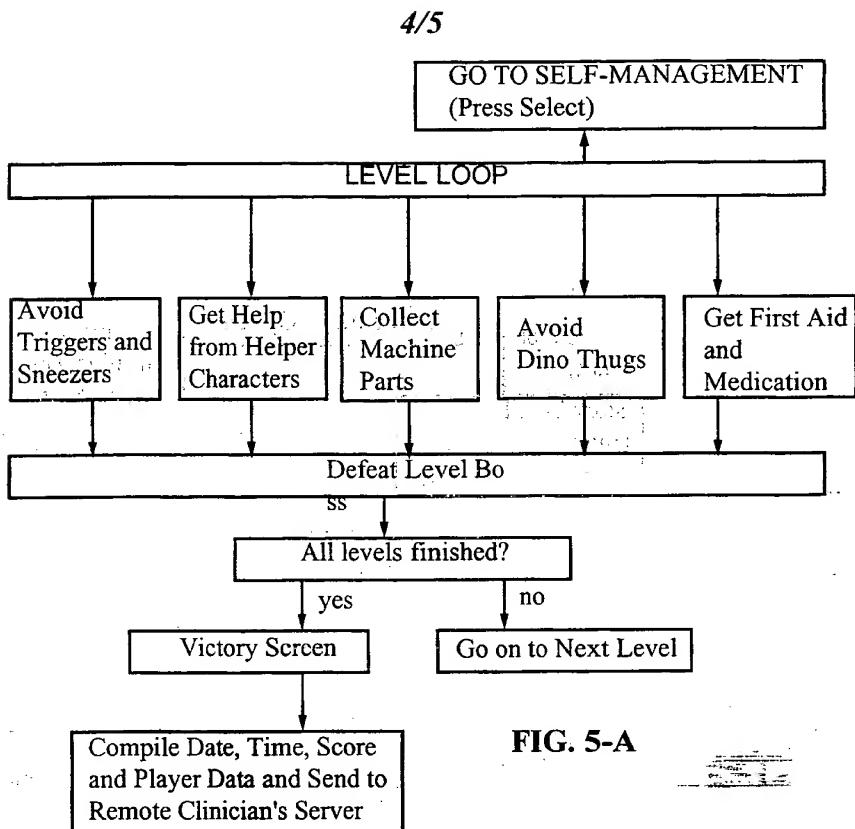
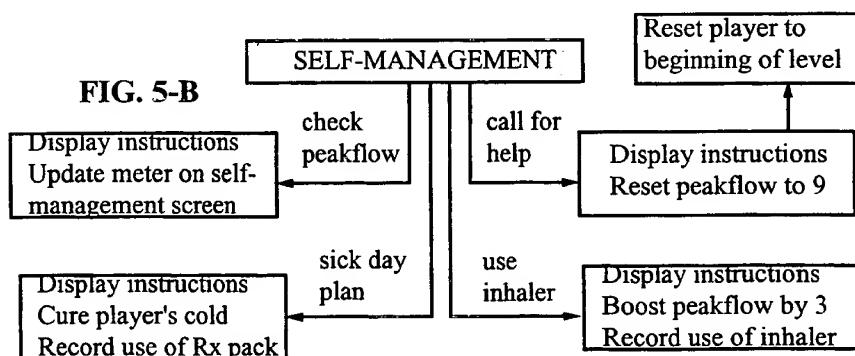


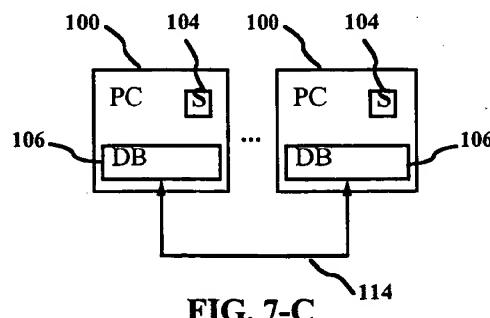
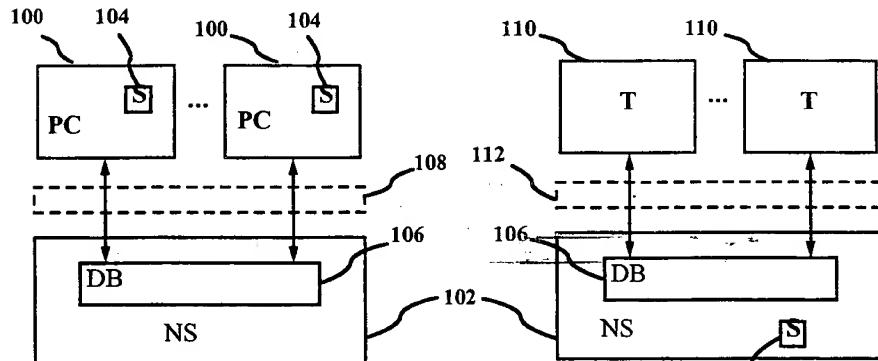
FIG. 5-A



5/5

		Player 1's choice	
		Cooperate	Betray
Player 2's choice	Cooperate	Player 1 gets X points Player 2 gets X points	Player 1 gets A points, A>X Player 2 gets B points, B<X
	Betray	Player 1 gets B points, B<X Player 2 gets A points, A>X	Player 1 gets Y points, Y<X Player 2 gets Y points, Y<X

FIG. 6



INTERNATIONAL SEARCH REPORT

International Application No
PCT/US 98/27487

A. CLASSIFICATION OF SUBJECT MATTER
IPC 6 A63F9/22 G06F19/00 G09B7/04

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

IPC 6 A63F G06F G09B

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US 5 678 571 A (BROWN) 21 October 1997 cited in the application see abstract; claims; figures ---	26
A	US 5 679 075 A (FORREST ET AL.) 21 October 1997 see abstract; claims 5-27 ---	26
A	US 5 307 263 A (BROWN) 26 April 1994 see abstract; figures ---	26
A	US 5 035 625 A (MUNSON ET AL.) 30 July 1991. see figures ---	26
A	US 5 143 378 A (JOEL) 1 September 1992 ---	-/-

Further documents are listed in the continuation of box C.

Patent family members are listed in annex.

* Special categories of cited documents :

- *A* document defining the general state of the art which is not considered to be of particular relevance
- *E* earlier document but published on or after the international filing date
- *L* document which may throw doubts on priority, claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- *O* document referring to an oral disclosure, use, exhibition or other means
- *P* document published prior to the international filing date but later than the priority date claimed

T later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

X document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

Y document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art

Z document member of the same patent family

Date of the actual completion of the international search

Date of mailing of the international search report

16 April 1999	23/04/1999
---------------	------------

Name and mailing address of the ISA

European Patent Office, P.B. 5816 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl.
Fax: (+31-70) 340-3016

Authorized officer

Raybould, B

INTERNATIONAL SEARCH REPORT

Internati... Application No

PCT/US 98/27487

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X,P	US 5 730 654 A (BROWN) 24 March 1998 see the whole document -----	26,28, 31,34-50

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US 98/27487

Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. Claims Nos.: 1-25
because they relate to subject matter not required to be searched by this Authority, namely:
Rule 39.1(iii) PCT- Scheme, rules and method for playing games
2. Claims Nos.:
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
3. Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.
2. As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:
4. No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- The additional search fees were accompanied by the applicant's protest.
 No protest accompanied the payment of additional search fees.

INTERNATIONAL SEARCH REPORT

Information on patent family members

Internal Application No

PCT/US 98/27487

Patent document cited in search report	Publication date	Patent family member(s)		Publication date
US 5678571	A 21-10-1997	WO 9848720 A AU 2831397 A		05-11-1998 24-11-1998
US 5679075	A 21-10-1997	NONE		
US 5307263	A 26-04-1994	AU 5608894 A CA 2148708 A EP 0670064 A JP 8506192 T WO 9411831 A		08-06-1994 26-05-1994 06-09-1995 02-07-1996 26-05-1994
US 5035625	A 30-07-1991	WO 9101540 A		07-02-1991
US 5143378	A 01-09-1992	US 5215309 A		01-06-1993
US 5730654	A 24-03-1998	NONE		